

TENDER REF. NO.: KK/153/2026/HTD

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMISSIONING OF INTENSIVE CARE UNIT (ICU) BEDS
FOR MINISTRY OF HEALTH**

TENDER FEE : \$50.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 04th AUGUST 2026

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

[CLUSTERING]

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/153/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF INTENSIVE CARE
UNIT (ICU) BEDS FOR MINISTRY OF HEALTH

SCOPE OF WORK		
Supply of 49 units of Intensive Care Unit (ICU) Beds for RIPASH AND SSBH with staggered deliveries scheduled over a two-year period .		
Summary of total numbers and distribution list are as follow:		
LOCATION	DISTRIBUTION	TOTAL QUANTITY
YEAR 1	RIPASH – 19 units (Location: CCU – 8 units, ICU – 11 Units)	25
	SSBH- 6 units	
YEAR 2	RIPASH -24 units (Location: ICU)	24
Total		49

SECTION 1 – USER REQUIREMENTS	
ITEM 1: 49 UNITS OF INTENSIVE CARE UNIT (ICU) BEDS	
1	INTENSIVE CARE UNIT (ICU) BEDS
1.1	Electrically operated ICU bed designed for intensive care and critical care environments that can function to adjust height, backrest, foot-rest, Trendelenburg and reverse Trendelenburg
1.2	Capable to be at cardiac chair and Egress Position
1.3	Made up of premium antimicrobial ABS material: make it easy to clean surfaces to maintain hygiene and prevent infection
1.4	Can handle patient weigh of up to 185kg or better
1.5	Collapsible side railing with lock on head and intermediate section
1.6	Standard removable headboard and footboard
1.7	Quick release mechanism for CPR function
1.8	Mattress platform shall be radiolucent or compatible for X-ray imaging procedures
1.9	Built-in weighing scale to monitor patient weight
1.10	Built-in holders and mount for IV pole, oxygen cylinder, drainage bag and essential medical equipment
1.11	Heavy duty big size wheels
1.12	Dual lock system which locks rotating and forward motion
1.13	Angle indicators for head elevation and Trendelenburg
1.14	Control panels on both side of siderails
1.15	Head Section inclination up to 60° or better.
1.16	Trendelenburg positions up to 13° or better.
1.17	Reverse Trendelenburg position up to -18° or better.
1.18	Inclusive of ICU grade mattress with thickness of at least 160mm OR better OR any mattress which has a better equivalent and comfort
1.19	Data connectivity and integration
1.19.1	The ICU bed shall be equipped and activated with data transmission capability to allow integration with the Hospital Information System (HIS) and Critical Care Information System (CCIS) platform.

SECTION 1 – USER REQUIREMENTS	
ITEM 1: 49 UNITS OF INTENSIVE CARE UNIT (ICU) BEDS	
1.19.2	The proposed system shall be compatible with the existing *Critical Care Information System (CCIS) If the proposed setup is not compatible, the vendor must include any additional costs required to established the necessary connections. *Note: Current CCIS service provider Aixelink & Dynamik Technologies Sdn Bhd
1.19.3	The offered system shall include provision and cost for full integration to BruHIMS 2.0 . The integration requirement may be made optional based on the outcome of the tender evaluation.
1.19.4	Data communication shall include, but not be limited to, the following parameters: - Bed occupancy status - Patient weight
1.19.5	Communication interface shall support Ethernet (RJ45) and/or Wi-Fi connectivity with HL7 protocol compatibility for interoperability with HIS.
1.19.6	The vendor shall ensure that any license required to connect to CCIS is included in the proposal and is provided as a perpetual license.
2	TECHNICAL INFORMATION
2.1	Maximum width of bed with Side rails up (mm)
2.2	Maximum width of bed with side rails down (mm)
2.3	Total Maximum Length of Bed (mm)
2.4	Side rail height (mm)
2.5	Adjustable height from floor range:
2.5.1	Minimum height
2.5.2	Maximum height
2.6	Trendelenburg position range:
2.6.1	Maximum Trendelenburg
2.6.2	Reverse Trendelenburg

SECTION 2 – ADDITIONAL REQUIREMENTS	
1	RELOCATION OF EXISTING ICU BED
1.1	The tenderer shall include, at no additional cost, the relocation of the existing ICU bed to the designated location as specified by Ministry of Health Brunei
2	END-USER TRAINING
2.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.
3	TECHNICAL TRAINING
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer's Engineer/Technicians that includes but not limited to: ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)
4	COMPREHENSIVE WARRANTY
4.1	Tenderer to include a comprehensive warranty for a period of TWO (2) years for all hardware and software related issue
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: ▪ Scope of Warranty ▪ One time Planned Preventive Maintenance per year during warranty (one of which includes one-time battery replacement after the warranty period).
4.3	Tenderer to provide Planned Preventive Maintenance every year
5	OPTIONAL REQUIREMENT
5.1	The tender shall include a detailed proposal for the removal of the existing bed from the Ministry of Health (MOH) facility and the storage of the item at a secured location until official approval for disposal is obtained from MOH.
5.2	The proposed storage location shall meet, but not be limited to, the following conditions: ▪ The facility must be securely locked and access-controlled. ▪ The area must be properly organized to ensure safe and traceable storage. The environment must be clean and well-maintained to prevent damage or deterioration of the item.

SECTION 3 – PRICE PROPOSAL		
PURCHASE PRICE	UNIT PRICE	PER UNIT
	YEAR 1	25 UNITS
	YEAR 2	24 UNITS
OPTIONAL REQUIREMENT		

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)
DETAILED BROCHURE INCLUDED
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
BATTERY
POWER ADAPTER/CHARGER OUTPUT RATING:
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified
DIMENSIONS AND WEIGHT OF MAIN UNIT:
EQUIPMENT WHOLE LIFE TIME SUPPORT:

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER .
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER .
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).
5	Brochures / catalogues should be submitted / attached with tender document.
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).
10	The equipment supplied must be newly manufactured, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form. During delivery , the vendor is required to provide proof of manufacture date confirming the equipment is new.

SECTION 3
TENDER FORM

To:

TENDER REFERENCE NO: KK/153/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF INTENSIVE CARE
UNIT (ICU) BEDS FOR MINISTRY OF HEALTH

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

SCOPE OF WORK			
Please ☒ Tick where appropriate	Yes	No	Remarks
Supply of 49 units of Intensive Care Unit (ICU) Beds for RIPASH AND SSBH with staggered deliveries scheduled over a two-year period .			
Summary of total numbers and distribution list are as follow:			
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1.5	Collapsible side railing with lock on head and intermediate section			
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1.10	Built-in holders and mount for IV pole, oxygen cylinder, drainage bag and essential medical equipment			
1.11	Heavy duty big size wheels			Castor/Wheels size:
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2	TECHNICAL INFORMATION	TENDERER MUST FILL IN: STATE AND SPECIFY THE DETAILS BELOW
2.1	Maximum width of bed with Side rails up (mm)	
2.2	Maximum width of bed with side rails down (mm)	
2.3	Total Maximum Length of Bed (mm)	
2.4	Side rail height (mm)	
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SECTION 2 – ADDITIONAL REQUIREMENTS				
Please ☒ Tick where appropriate		Yes	No	Remarks
5.2	The proposed storage location shall meet, but not be limited to, the following conditions: ▪ The facility must be securely locked and access-controlled. ▪ The area must be properly organized to ensure safe and traceable storage. ▪ The environment must be clean and well-maintained to prevent damage or deterioration of the item.			
5.3	The proposal shall include, but not be limited to, the following details: ▪ Monthly rental cost for the secure storage location. ▪ Transportation cost and logistics plan for transferring the bed from the MOH facility to the secure storage location. ▪ Transportation cost and logistics plan for transferring the bed from the secure storage location to the final disposal site (Sinarubai / Sg. Paku).			

SECTION 3 – PRICE PROPOSAL		
PURCHASE PRICE	UNIT PRICE	BND\$ PER UNIT
	YEAR 1	BND\$ 25 UNITS
	YEAR 2	BND\$ 24 UNITS
	TOTAL	BND\$
OPTIONAL REQUIREMENT		BND\$

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION						
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR					
	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR	COMPANY NAME:				
		COMPANY ORIGIN:				
DETAILED BROCHURE INCLUDED	YES		NO	☒ or specify where appropriate		
USER AND SERVICE MANUALS:	YES		NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)		
MAINS POWER SUPPLY:	220V-240V		OTHERS:			
	50-60HZ		OTHERS:			
BATTERY	RECHARGEABLE			SINGLE-USE		REPLACEABLE
	OTHERS:					
	TYPE OF BATTERY:					
	RATING:					
POWER ADAPTER/CHARGER OUTPUT RATING:						
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:						
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)				☒ Tick where appropriate ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____		
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL			☐ Trained / Certified ☐ Not yet trained on the product		
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:			
DIMENSIONS AND WEIGHT OF MAIN UNIT:		☐ mm ☐ cm ☐ inch		☐ Kilogram (Kg) ☐ Gram(g) ☐ Pound (lbs)		
EQUIPMENT WHOLE LIFE TIME SUPPORT:	The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)					

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
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- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER.	
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10	The equipment supplied must be newly manufactured, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.	

1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, _____

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp